

Commonwealth of Virginia

Thomas Jefferson Health District
Charlottesville-Albemarle Health Department
Fluvanna County Health Department
Greene County Health Department
Louisa County Health Department
Nelson County Health Department



HEADQUARTERS
Environmental Health Services
1138 Rose Hill Drive
PO Box 7546
Charlottesville, VA 22906
(434) 972-6259

Application For Migrant Labor Camp Permit

Name of Migrant Camp: _____

Physical Location: _____

Mailing Address: _____

Name of County: _____

Telephone Number: () _____

Parcel Number: _____

Fax Number: () _____

Name of Owner: _____

Owner's Address: _____

Telephone _____

Name of Operator: _____

Address of Operator: _____

Email Address: _____

If camp was built prior to April 3, 1980, camp elects to be governed by:

ETA Regulations (20CFR654) _____

OSHA Regulations (20CFR1910) _____

Camp Opening Date: _____

Camp Closing Date: _____

Maximum Number of Occupants: _____

Number of Migrant Workers: _____

Type of Agriculture: _____

I/we understand that after issuance of the Health Department permit requested, the Commissioner of Health or his authorized representatives shall have the right to enter the premises of this establishment at any reasonable time to inspect, conduct tests, or collect samples as required..

Signature: _____

Title: _____

Print Name: _____

Date: _____